



PTO/SB/21 (08-03)

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2855 \$

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | | | |
|--|----|------------------------|-----------------|
| | | Application Number | 09/889,311 |
| | | Filing Date | August 31, 2001 |
| | | First Named Inventor | Peter Adebjörk |
| | | Art Unit | 2855 |
| | | Examiner Name | Andre J. Allen |
| Total Number of Pages in This Submission | 18 | Attorney Docket Number | 19391.0025 |

ENCLOSURES (check all that apply)

| | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment / Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------|--------------------------------------|
| Firm or Individual name | Michael A. Schwartz, Reg. No. 40,161 |
| Signature | |
| Date | March 26, 2004 |

CERTIFICATE OF MAILING

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|-----------------------|------|--|
| Typed or printed name | | |
| Signature | Date | |

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
110

| Complete If Known | |
|----------------------|-----------------|
| Application Number | 09/889,311 |
| Filing Date | August 31, 2001 |
| First Named Inventor | Peter Adebjörk |
| Examiner Name | Andre J. Allen |
| Art Unit | 2855 |
| Attorney Docket No. | 19391.0025 |

| METHOD OF PAYMENT (check all that apply) | | | | FEE CALCULATION (continued) | | | |
|--|--|---------|--|--|----------|----------|----------|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account | | | | 3. ADDITIONAL FEES | | | |
| Deposit Account Number | | 19-5127 | | Fee Code | Fee (\$) | Fee Code | Fee (\$) |
| Deposit Account Name | | | | 1051 | 130 | 2051 | 65 |
| | | | | 1052 | 50 | 2052 | 25 |
| | | | | 1053 | 130 | 1053 | 130 |
| | | | | 1812 | 2,520 | 1812 | 2,520 |
| | | | | 1804 | 920* | 1804 | 920* |
| | | | | 1805 | 1,840* | 1805 | 1,840* |
| | | | | 1251 | 110 | 2251 | 55 |
| | | | | 1252 | 420 | 2252 | 210 |
| | | | | 1253 | 950 | 2253 | 475 |
| | | | | 1254 | 1,480 | 2254 | 740 |
| | | | | 1255 | 2,010 | 2255 | 1,005 |
| | | | | 1401 | 330 | 2401 | 165 |
| | | | | 1402 | 330 | 2402 | 165 |
| | | | | 1403 | 290 | 2403 | 145 |
| | | | | 1451 | 1,510 | 1451 | 1,510 |
| | | | | 1452 | 110 | 2452 | 55 |
| | | | | 1453 | 1,330 | 2453 | 665 |
| | | | | 1501 | 1,330 | 2501 | 665 |
| | | | | 1502 | 480 | 2502 | 240 |
| | | | | 1503 | 640 | 2503 | 320 |
| | | | | 1460 | 130 | 1460 | 130 |
| | | | | 1807 | 50 | 1807 | 50 |
| | | | | 1806 | 180 | 1806 | 180 |
| | | | | 8021 | 40 | 8021 | 40 |
| | | | | 1809 | 770 | 2809 | 385 |
| | | | | 1810 | 770 | 2810 | 385 |
| | | | | 1801 | 770 | 2801 | 385 |
| | | | | 1802 | 900 | 1802 | 900 |
| | | | | Other fee (specify) _____ | | | |
| | | | | *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 110 | | | |

**or number previously paid, if greater; For Reissues, see above

| SUBMITTED BY | | | Complete (if applicable) | | |
|-------------------|----------------------------|--------------------------------------|--------------------------|----------------|--------------|
| Name (Print/Type) | Michael A. Schwartz | Registration No. (Attorney/Agent) | 40,161 | Telephone | 202/424-7500 |
| Signature | <i>Michael A. Schwartz</i> | | Date | March 26, 2004 | |

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